



MAYOR'S OFFICE FOR PEOPLE WITH DISABILITIES
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Karen Tamley
Commissioner, Mayor's Office for People with Disabilities

CC: Deanne Millison
Mayor's Office of Legislative Counsel and Government Affairs

Date: November 6, 2018

Re: Request for Information from Annual Appropriation Committee Hearing

ID#: 48-01 Fair Housing Referrals

The attached information is in response to questions posed at our department's hearing on November 1, 2018 to discuss the proposed 2019 budget.

Alderman Reilly asked for a listing of fair housing resources for referrals concerning how to address the lack of disabled parking spots being made available for people with disabilities in condominium buildings.

There are two resources that would be helpful for your office and your constituents. They are:

Fair Housing Legal Support Center & Clinic
John Marshal Law School
<http://www.jmls.edu/clinic/fairhousing/>
(312) 786.2267

Access Living – Fair Housing
<https://www.accessliving.org/discrimination>
Ken Walden, Managing Attorney
(312) 640-2136

As always, please let me know if you have any further questions.



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Re: Request for Information from Annual Appropriation Committee Hearing

ID#: 48-02 Internet Connectivity Rates

The attached information is in response to questions posed at our department's hearing on November 1, 2018 to discuss the proposed 2019 budget.

Alderman Lopez asked what percentage of the disabled population in Chicago is not connected to the Internet.

While there is no known data about connection to the Internet by the Chicago disability community, there is national data available from which comparisons could be surmised. According to a study by the Pew Research Center, nearly a quarter of Americans with a disability (23%) indicate that they never go online, compared to eight percent of those without disabilities. From the same study: "Disabled adults are also about 20 percent points less likely than those without disabilities to say they subscribe to home broadband, or own a traditional computer, smartphone or tablet." From the report, the percentage of adults who say they have:

	<u>Any disability</u>	<u>No disability</u>
Desktop or laptop computer	61%	81%
Smartphone	58%	80%
Home Broadband	57%	76%
Tablet	36%	54%
All of the above	25%	42%

Source: Survey conducted Sept 29-Nov 6, 2016
Pew Research Center

More information is available at: http://www.pewresearch.org/ft_17-04-06_techdisability_dotplot/
Information related to other demographic groups can be found at <http://www.pewresearch.org/topics/digital-divide>

As always, please let me know if you have any further questions.



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Re: Request for Information from Annual Appropriation Committee Hearing

ID#: 48-03 ADA Compliance for City Facilities

The attached information is in response to questions posed at our department's hearing on November 1, 2018 to discuss the proposed 2019 budget.

Alderman Austin asked what are MOPD's policy and procedures for addressing problematic facilities that house city services. Do any of the remaining three mental health centers have ADA accessibility or other facility issues that need to be fixed?

MOPD responds to any complaints filed per the City of Chicago Grievance Procedure under the Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973 (see attached).

MOPD surveyed the two mental health centers brought to our attention and have forwarded the results of those surveys to CDPH and 2FM. Survey results of other mental health facilities have also been shared with CDPH.

Per 2FM, the Greater Lawn Mental Health Clinic at 4159 W. 55th Street is a leased site. The landlord is required to address all ADA compliance issues per the lease renewal. Additionally, the Lawndale Mental Health Center, at 1201 S. Campbell, is also a leased site, but is much more problematic than the Greater Lawn site. Operations at this site are spread across two floors, and due to a non-compliant entrance that would require costly structural modifications to the building, 2FM and CDPH are exploring options to relocate to another site at 3250 W. Roosevelt. The target relocation date is March 2019.

As always, please let me know if you have any further questions.



MAYOR'S OFFICE FOR PEOPLE WITH DISABILITIES
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City of Chicago Grievance Procedure Under the Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990, as amended (“ADA”) and the Rehabilitation Act of 1973, as amended (“Rehabilitation Act”). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the City of Chicago. The City of Chicago’s Personnel Policy governs employment-related complaints of disability discrimination.¹

- Complaints must be submitted to the Commissioner of the Mayor’s Office for People with Disabilities, the designated ADA/Rehabilitation Act Coordinator for the City of Chicago, using the following contact information:

Karen Tamley, Commissioner
Mayor’s Office for People with Disabilities
City of Chicago
121 N. LaSalle Street, Suite 104
Chicago, Illinois 60602
Phone: 312-744-7209
TTY: 312-744-4964
Email: karen.tamley@cityofchicago.org

- Where possible, complaints should be in writing and should contain the name, address, telephone number and email address of the person filing the complaint, along with a description of the alleged act[s] of discrimination. If a complainant is unable to put his/her complaint in writing, he/she can file it by telephone, in-person statement or using an appropriate auxiliary aid or service provided by the City of Chicago.
- Upon request, the City of Chicago will provide auxiliary aids and services to allow people with disabilities to file complaints.
- Complaints should be filed within sixty (60) calendar days from the date on which the complainant becomes aware of the alleged violation.

¹ City of Chicago employees and job applicants must file employment-related discrimination complaints with the Department of Human Resources using the complaint procedures available pursuant to the City of Chicago Personnel Policy.

- As appropriate, the ADA/Rehabilitation Act Coordinator or her designee will conduct an investigation of the complaint. At the discretion of the ADA/Rehabilitation Act Coordinator or her designee the investigation may be informal. The investigation will be thorough and will afford interested persons and their representatives, if any, an opportunity to submit evidence relevant to the complaint.
- The ADA/Rehabilitation Act Coordinator or her designee will issue a written determination as to the validity of the complaint and a description of the resolution, if any, no later than thirty (30) days after the complaint is submitted in a format that is accessible to the complainant. In the event that the complainant fails to cooperate with the investigation, the ADA/Rehabilitation Act Coordinator may extend the time to issue the determination or may dismiss the complaint without determination.
- The complainant can request a reconsideration of the case if he/she is dissatisfied with the resolution. The request for reconsideration must state the reason the complainant disagrees with the resolution and must be made no more than fifteen (15) days after the determination is issued. The ADA/Rehabilitation Act Coordinator shall issue a written response to the request for reconsideration within thirty (30) days of the request in a format that is accessible to the complainant.
- The ADA/Rehabilitation Act Coordinator shall maintain all files and records related to the complaints filed pursuant to this grievance procedure. All written complaints received by the ADA/Rehabilitation Act Coordinator or her designee as well as all investigation files, evidence and other documents, including those related to requests for reconsideration will be retained for at least three (3) years.
- The availability and/or use of this grievance procedure does not prevent a person from filing a complaint with another government agency, including but not limited to the U.S. Department of Justice. Pursuit of other remedies, including filing a complaint with a different agency, will not impact the resolution of the complaint filed with the ADA/Rehabilitation Act Coordinator.



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Re: Request for Information from Annual Appropriation Committee Hearing

ID#: 48-04 Accessibility of Mental Health Facilities

The attached information is in response to questions posed at our department's hearing on November 1, 2018 to discuss the proposed 2019 budget.

Alderman Austin asked if MOPD is working with CDPH to implement an accessibility plan that includes recommended actions and timelines for the removal of all identified barriers in mental health facilities. Please see the attached CARF survey from 2013.

MOPD conducted the facility surveys and has forwarded them to CDPH, who is currently working with 2FM to implement the recommended changes.

As always, please let me know if you have any further questions.

Copied from the Accessibility section of the CARF 2013 Behavioral Health Standards Manual pages 82-84

L. Accessibility

Description CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

1.L. 1. The organization's leadership:

a. Assesses the accessibility needs of the:

- (1) Persons served.
- (2) Personnel.
- (3) Other stakeholders.

b. Implements an ongoing process for identification of barriers in the following areas:

- (1) Architecture.
- (2) Environment.
- (3) Attitudes.
- (4) Finances.
- (5) Employment.
- (6) Communication.
- (7) Transportation.
- (8) Community integration, when appropriate.
- (9) Any other barrier identified by the:
 - (a) Persons served.
 - (b) Personnel.
 - (c) Other stakeholders.

Intent Statements

The leadership has a working knowledge of what should be done to promote accessibility and remove barriers. Organizations address accessibility issues in order to:

- Enhance the quality of life for those served in their programs and services.
- Implement nondiscriminatory employment practices.
- Meet legal and regulatory requirements.
- Meet the expectations of stakeholders in the area of accessibility.

The leadership should address how input was solicited from the persons served, personnel, and other stakeholders to assist in the identification of barriers, and take into consideration any accessibility needs—physical, cognitive, sensory, emotional, or developmental—that may hinder full and effective participation on an equal basis with others.

Examples

Examples of accessibility planning may be found in minutes of meetings where analysis, action planning, and goals are established; in conversations with stakeholders; in focus groups and council meetings; in community events; in surveys, etc.

1 .b. (1) Architectural or "physical" barriers are generally easy to identify and may include steps that prevent access to a building for an individual who uses a wheelchair, narrow doorways that need to be widened, bathrooms that need to be made accessible, the absence of light alarms for individuals who have a hearing impairment, and the absence of signs in Braille for individuals who have visual impairments.

1 .b. (2) Environmental barriers can be interpreted as any location or characteristic of the setting that compromises, hinders, or impedes service delivery and the benefits to be gained. Some clinics may be located in areas where the persons served and/or personnel do not feel safe or feel that confidentiality may be risked. In addition to such external environmental barriers, internal barriers may include noise level, lack of sound proof counseling rooms, highly trafficked areas used for service delivery, or type or lack of furnishing and decor that impact the com-fort level of the persons served and personnel.

1.b. (3) Attitudinal barriers may include, but are not limited to:

- The terminology and language that the organization uses in its literature or when it communicates with persons with disabilities, other stakeholders, and the public (e.g., does the organization use "person first" language?).
- How persons with disabilities are viewed and treated by the organization, their families, and the community (e.g., dependent versus independent or interdependent and not valuable versus valuable.).
- Whether or not consumer input is solicited and used.

■ Whether or not the eligibility criteria of the organization screen out individuals with specific types of disabilities.

1 .b. (6) Communication barriers may include the absence of a telecommunication device for the deaf (TDD) and the absence of material in a language or format that is understood by the persons served.

1.b.(7) Transportation barriers may include persons being unable to reach service locations at all or to participate in the full range of services and other activities.

1 .b.(8) Barriers to community integration include any barrier that would keep the persons served from returning to full participation in their community of choice. For example, participation in sports may be limited by the lack of a lift at the public swimming pool for access by persons served with limited mobility or the lack of scheduling availability of the local gym for an adaptive sports program; accommodations may be needed for the persons served to return to previous volunteer activities with the community food bank.

1 .b.(9) Customer satisfaction surveys may help identify other barriers. Other barriers may include those raised by evolving technology, upkeep of previous repairs or changes, or issues more specific to the populations to whom the organization provides services. Any other barriers to services that are identified should be addressed.

1.L.2. The organization implements an accessibility plan that includes, for all identified barriers: a. Actions to be taken.

b. Time lines.

Intent Statements

There may be barriers identified that the organization does not have the authority or resources to remove; effective accommodations may be the appropriate action to be taken in those circumstances.

Examples

Written documentation of potential barriers to services exists. When identifying potential barriers to services, the organization looks at barriers within the organization itself and in the community, including the attitudes that its staff members and other stakeholders have of persons with disabilities, which may greatly impact initial and ongoing access to services.

1.L. 3. An accessibility status report:

- a. Is prepared annually.
- b. Is in writing.
- c. Includes:
 - (1) Progress made in the removal of identified barriers.
 - (2) Areas needing improvement.

Examples

The organization may choose to develop a schedule of time lines for removal of barriers or to implement improvements. The status report may include a method for the regular reporting of progress being made in the removal of barriers. Some organizations use simple checklists that are required monthly or quarterly that identify the date due, date completed, person responsible, and a place for comments when the goals are not met.

A status report may include:

- A description of the barriers.
- A description of the proposed solutions.
- A description of equivalent facilitation that is to be provided until actual barrier removal occurs.
- The person responsible.
- The date due.
- The actual completion date.
- Remarks.

1.L. 4. Requests for reasonable accommodations are:

- a. Identified.
- b. Reviewed.
- c. Decided upon.
- d. Documented.

Intent Statements

The organization evaluates and carefully considers the merits of all requests for accommodation to determine whether any remedial actions are appropriate.

Examples

Because a request is made for a reasonable accommodation does not automatically require that the organization meet the request. There should be a review of the request. How is the organization alerted to the need for the reasonable

accommodation? What is the review process? Who is identified as responsible for approving or denying the accommodation request? What are the decision-making criteria?

When an accommodation cannot be made, the organization demonstrates a referral system that assists the persons served in the use of other resources that are accessible.

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this sub-section. See Appendix A for more information on required documentation.

- Written accessibility plan
- Identification of accessibility barriers
- Annual accessibility status report by senior leadership
- Requests for reasonable accommodations
- Meeting minutes



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Re: Request for Information from Annual Appropriation Committee Hearing

ID#: 48-05 Employment for Mental Health Clients

The attached information is in response to questions posed at our department's hearing on November 1, 2018 to discuss the proposed 2019 budget.

Alderman Austin asked for information on how MOPD and the Taskforce on Employment and Economic Opportunities for People with Disabilities is working with CDPH mental health centers to support persons in finding employment.

MOPD has not finalized the recommendations made by the Mayoral Task Force on Employment and Economic Opportunity for People with Disabilities. While the report doesn't call out any specific disability, Thresholds and other mental health organizations did participate on the Task Force. Once the recommendations are ready for implementation, MOPD will ensure that individuals with mental illness are included. MOPD will be providing the full list of recommendations to City Council by the end of the first quarter of 2019.

As always, please let me know if you have any further questions.



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ID#: 48-06 Tele-Psychiatry Review

The attached information is in response to questions posed at our department's hearing on November 1, 2018 to discuss the proposed 2019 budget.

Alderman Austin asked if MOPD reviewed the accessibility of the CDPH tele-psychiatry plan.

MOPD has not reviewed the accessibility of CDPH's tele-psychiatry plan. However, Commissioner Tamley has reached out to CDPH to discuss the accessibility of this important program.

As always, please let me know if you have any further questions.